## SERIAL NO. FILING DATE MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) APPLICANT(S) CLAIMS AFTER AFTER 1st AMENDMENT 2nd AMENDMENT AS FILED iŅD. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. TOTAL TOTAL TOTAL DEP. TOTAL CLAIMS